

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA
AT

<p style="text-align: right;">Plaintiff,</p> <p>V.</p> <p>JoAnne B. Barnhart, Commissioner of Social Security,</p> <p style="text-align: center;">Defendant.</p>	<p>COMPLAINT FOR REVIEW OF THE DECISION OF THE COMMISSIONER OF SOCIAL SECURITY</p> <p>CIVIL ACTION</p>
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Plaintiff's current residence: _____
(city, county, state and ZIP code)

Jurisdiction and venue is based on 42 U.S.C. § 405(g).

Date of Appeals Council's decision: _____

The decision of the Commissioner should be *(mark those which apply)*:

Reversed

Modified

Remanded

because it is not supported by substantial evidence, and/or because the Commissioner committed
other error which is _____

Name of attorney, if any: _____

Attorney's street address: _____

Attorney's telephone number: _____

Attorney's fax number: _____

Attorney's email address: _____

 SIGN HERE

Signature of attorney



Signature of plaintiff, if no attorney